

## TACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT <b>06-JUN-2014</b>		TIME <b>23:23:00</b>		2. ADDRESS OF OCCURRENCE <b>9301 S WALLACE ST CHICAGO, IL 60620</b>		3. LOCATION CODE <b>304</b>		4. BEAT/OCCUR <b>2223</b>	
MEMBER INVOLVED	5. POSITION <b>9161</b>	6. LAST NAME <b>WROBEL</b>	7. FIRST NAME <b>MICHAEL M</b>	8. STAR NO. <b>11688</b>	9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	10. RACE CODE <b>WHI</b>	11. AGE <b>602</b>	12. HT. <b>160</b>	13. WT. <b>230</b>
	14. DATE OF APPT. <b>28-APR-2008</b>	15. EMPLOYEE NO. <b>312</b>	16. UNIT & BEAT OF ASSIGNMENT <b>6728F</b>	17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off	18. MEMBER INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	19. MEMBER IN UNIFORM? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No			
SUBJECT INFORMATION	20. LAST NAME <b>SHABAZZ</b>	21. FIRST NAME <b>MALIK</b>	22. M.I. <b>BLK</b>	23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	24. RACE <b>04-JAN-1985</b>	25. D.O.B. <b>506</b>	26. HT. <b>230</b>	27. WT. <b>230</b>	
	28. ADDRESS <b>9351 S WALLACE ST CHICAGO, IL 60620</b>		29. TELEPHONE NO.	30. WAS SUBJECT ARMED/FIREARM - SEMI-AUTOMATIC <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		32. SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	
33. WHERE WAS MEDICAL TREATMENT OBTAINED? <b>CHRIST</b>		34. BY WHOM?		35. CONDITION <input checked="" type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid					
36. CHARGES PLACED <b>***** PLEASE SEE NEXT PAGE *****</b>		37. CB NO. <b>18909736</b>		IR NO.		DNA			
REASON FOR USE OF FORCE (Check all that apply)	38. DINA		SUBJECT'S ACTIONS		MEMBER'S RESPONSE				
	PASSIVE RESISTER		ACTIVE RESISTER		ASSAULT: ASSAULT		ASSAULT: BATTERY		ASSAULT: DEADLY FORCE
DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/>		FLED <input type="checkbox"/>		IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/>		ATTACK WITH WEAPON <input checked="" type="checkbox"/>		USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input checked="" type="checkbox"/>	
STIFFENED (DEAD WEIGHT) <input type="checkbox"/>		PULLED AWAY <input type="checkbox"/>		OTHER _____		ATTACK WITHOUT WEAPON <input type="checkbox"/>		WEAPON <input checked="" type="checkbox"/>	
OTHER _____		OTHER _____		OTHER _____		OTHER _____		OTHER _____	
MEMBER PRESENCE <input checked="" type="checkbox"/>		OPEN HAND STRIKE <input type="checkbox"/>		ELBOW STRIKE <input type="checkbox"/>		KNEE STRIKE <input type="checkbox"/>		FIREARM <input checked="" type="checkbox"/>	
VERBAL COMMANDS <input checked="" type="checkbox"/>		TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/>		CLOSED HAND STRIKE/PUNCH <input type="checkbox"/>		KICKS <input type="checkbox"/>		OTHER _____	
ESCORT HOLDS <input type="checkbox"/>		OC CHEMICAL WEAPON <input type="checkbox"/>		IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/>		IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>			
WRISTLOCK <input type="checkbox"/>		CANINE <input type="checkbox"/>		OTHER _____					
ARMBAR <input type="checkbox"/>		TASER (Probe Discharge) <input type="checkbox"/>							
PRESSURE SENSITIVE AREAS <input type="checkbox"/>		TASER (Conduct Stun) <input type="checkbox"/>							
CONTROL INSTRUMENT <input type="checkbox"/>		TASER (Laser Targeted) <input type="checkbox"/>							
OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/>		TASER (Spark Displayed) <input type="checkbox"/>							
OTHER _____		OTHER _____							
39. DINA		40. ADDITIONAL INFORMATION		THE NUMBER OF ROUNDS DISCHARGED BY THE MEMBER IS ONLY AND ESTIMATE. THE ACTUAL NUMBER WILL BE DETERMINED BY FORENSIC SERVICES FOLLOWING INSPECTION OF THE OFFICER'S WEAPON. OFFENDER'S WEAPON IS A 9MM SEMI AUTO HANDGUN.					
POSITION		STAR NO.		UNIT					
41. WEAPON TYPE		42. INCIDENT OCCURRED		43. LIGHTING CONDITIONS		44. WEATHER CONDITIONS			
<input checked="" type="checkbox"/> 04 SEMI-AUTO PISTOL		<input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors		<input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input checked="" type="checkbox"/> 06 Good Artificial		CLEAR			
<input type="checkbox"/> 01 REVOLVER		<input type="checkbox"/> 05 CHEMICAL WEAPON		<input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST)					
<input type="checkbox"/> 02 RIFLE		<input type="checkbox"/> 06 TASER (Probe Discharge)		<input type="checkbox"/> 03 OTHER (Specify)					
<input type="checkbox"/> 03 SHOTGUN		<input type="checkbox"/> 07 OTHER							
45. MAKE/MANUFACTURER F.I. INDUSTRIES (FORMERLY) - US - (BERETTA USA CORP. BRONCO)		46. MODEL PX4 STORM		47. BARREL LENGTH 4		48. CALIBER/GAUGE 9 MM			
49. TASER DART ID NO.		50. WEAPON SERIAL NO. (Include Letters) PX19103		51. CHICAGO GUN REG. NO. R007805S		52. IL FIREARM OWNER ID. NO. 42670182		53. HANDGUN CERTIFICATE NO.	
54. SPECIAL WEAPON CERTIFICATE NO.		55. PROPERTY INVENTORY NO.		56. TYPE OF AMMUNITION USED DEPARTMENT ISSUED		57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER 1		58. TOTAL NO. OF SHOTS MEMBER FIRED 12	
59. WHO FIRED FIRST SHOT <input type="checkbox"/> 03 OTHER (Specify)		60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO		61. NO. OF CARTRIDGES/SHOT SHELLS RELOADED		62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 03 OTHER (Specify)		63. DID MEMBER USE SIGHTS <input checked="" type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO	
<input checked="" type="checkbox"/> 01 MEMBER <input checked="" type="checkbox"/> 02 OFFENDER									
64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD		65. DID MEMBER USE SIGHTS		66. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED		67. POSITION OF MEMBER DISCHARGING WEAPON <input checked="" type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN		68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input checked="" type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN	
69. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 03 OTHER (Specify)		69. POSITION OF MEMBER DISCHARGING WEAPON		69. POSITION OF MEMBER DISCHARGING WEAPON		69. POSITION OF MEMBER DISCHARGING WEAPON		69. POSITION OF MEMBER DISCHARGING WEAPON	
<input checked="" type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW									
70. EVENT NO. 1415719305		71. R.D. NO. HX293212		72. CASE INFO.		73. REPORTING MEMBER (Print Name) WROBEL, MICHAEL M		74. REVIEWING SUPERVISOR (Print Name) DARLIN, RANDALL L	
72. CASE INFO.		73. REPORTING MEMBER (Print Name)		74. REVIEWING SUPERVISOR (Print Name)		75. SIGNATURE		76. DATE REVIEWED	
NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS & LT./DIST. OF OCCUR. <input type="checkbox"/> CPIC		NOTIFICATIONS (FIREARM INCIDENT): <input checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> DSS/OIST. OF OCCUR & OCIC <input checked="" type="checkbox"/> CPIC <input checked="" type="checkbox"/> DET. DIV.		Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.		75. SIGNATURE		76. DATE REVIEWED	
73. REPORTING MEMBER (Print Name)		74. REVIEWING SUPERVISOR (Print Name)		75. SIGNATURE		76. DATE REVIEWED		77. TIME	
WROBEL, MICHAEL M		DARLIN, RANDALL L		11688		02-JUN-2016 17:39:45		02-JUN-2016 17:40:40	
77. TIME		78. SIGNATURE		79. DATE REVIEWED		80. TIME		81. SIGNATURE	
02-JUN-2016 17:39:45		02-JUN-2016 17:40:40		02-JUN-2016 17:40:40		02-JUN-2016 17:40:40		02-JUN-2016 17:40:40	

36. CHARGES PLACED

☐ DNA

## LIEUTENANT OR ABOVE/OCIC REVIEW

THE DIN-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER; 2.) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS.

### 75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☒ DNA

☐ REFUSED

☐ UNABLE TO INTERVIEW (Specify Reason)

TRR was re-created due to a computer technical error or glitch. Therefore, Subject was not able to be interviewed 2 years after the incident.

### 76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

This TRR was originated 06 JUNE 2014. During a review of this incident by IPRA, they found that this TRR was never approved. A computer search was conducted by CPD PSIT, and the original TRR could not be found. Therefore, the original could not be approved. IPRA did have a original copy of the not approved TRR.

IPRA provided a copy of that not approved TRR to First Deputy John ESCALANTE. Commander DEENIHAN then contacted Captain DARLIN and requested officer WROBEL re-create a new TRR on 02 June 2016. WROBEL re-created a new TRR using the old copy provided by IPRA as a guide. Captain DARLIN then reviewed the TRR for accuracy. Reporting Commander DEENIHAN then also reviewed the TRR.

It should be noted reporting Commander DEENIHAN was also on the scene of this shooting incident on the original date of occurrence. Commander DEENIHAN reviewed this TRR and finds the officer acted appropriately and followed department policy for this shooting incident. IPRA is responsible for reviewing the entire use of force justification and shooting incident.

### 77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. 1069667 OBTAINED

### 78. LIEUTENANT OR ABOVE/OCIC (Print Name)

DEENIHAN, BRENDAN D

#### SIGNATURE

[Redacted Signature]

#### DATE COMPLETED

#### TIME

03-JUN-2016 09:55:42

### 79. DISTRIBUTION OF ORIGINAL TRR:

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELDW LISTED ATTACHMENTS WILL BE FORWARDED TO THE INDEPENDENT POLICE REVIEW AUTHORITY.

#### ATTACHMENTS - PHD TDCDPIES OF:

☐ CASE REPORT

☐ SUPPLEMENTARY REPORT

☒ OFFICER BATTERY REPORT

☐ I.O.D. REPORT

☐ CR INITIATION REPORT

☐ ARREST REPORT

☐ TO-FROM SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

#### 80. TOTAL TRR's THIS EVENT No.

5

Log# 1069651

Attachment# 101